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CONFIRMATION NO. 4360

SERIAL NUMBER 10/603,908	FILING OR 371(c) DATE 06/25/2003 RULE	CLASS 002	GROUP ART UNIT 3765	ATTORNEY DOCKET NO. 47322-0003	
APPLICANTS Robin Birns, Cooper City, FL; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 09/11/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		STATE OR COUNTRY FL	SHEETS DRAWING 3	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 3
ADDRESS 20822					
TITLE Infant sleep support					
FILING FEE RECEIVED 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		